1862

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2-34

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Foote
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7301 Oxon Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fort Foote
STREET ADDRESS (If rural, give location) 7301 Oxon Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Moser (Last) Adams

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: July 25, 1880

9. AGE last birthday: 73 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ernest Moser Adams, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

163X
Immediate cause (a) Pulmonary hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of the lung
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/12/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Feb 10-54 | REGISTRAR'S SIGNATURE Howard J. Beall | **24. FUNERAL DIRECTOR** Simmons Bros - 2007 Nichols Ave SE Wash. DC ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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1822

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.MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Hawaii COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kailua - Koina
STREET ADDRESS (If rural, give location) P.O. Box

3. NAME OF DECEASED: (Type or Print) (First) Julian (Middle) K. (Last) Akao Jr.

4. DATE OF DEATH (Month) Feb. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Hawaiian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-17-30

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Soldier

10b. KIND OF BUSINESS OR INDUSTRY U.S. Army

11. BIRTHPLACE (State or foreign country): Hawaii

12. CITIZEN OF WHAT COUNTRY? Hawaii, U.S.A.

13. FATHER'S NAME: Julian K. Akao Jr.

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Public Information Officer - Camp Pickett Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

98.4 X

Immediate cause (a) Hemorrhage & shock

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gunshot wound of pelvis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street

21c. (City or town) Laurel (County) Pr. Geo. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-18-54 4:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR (Police report). Subject was struggling with a policeman.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Malarney (Hyattsville Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 3/11/54

NAME OF CEMETERY OR CREMATORY Kailua. Koma-

LOCATION (City, town, or county) (State) Hawaii.

DATE REC'D BY LOCAL REG. 3-11-54

REGISTRAR'S SIGNATURE A W Henderick

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1917 St Paul St.

55

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1863

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01863

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) X
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital 08

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY –
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural give location) 1215 12th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) M (Last) Allebaugh
4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: 9/28/86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Harrisburg, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Allebaugh
14. MOTHER'S MAIDEN NAME: Sally Yancey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1 Immediate cause (a) Coronary Thrombosis with Myocardial Infarction 1 day
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

002.X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 15 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1954, to 2/28, 1954, that I last saw the deceased alive on 2/28, 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnecane (Degree or title) M. D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 3/1/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Alexandria, Va.
DATE REC'D BY LOCAL REGISTRAR 2/28/54
REGISTRAR'S SIGNATURE Moe Weiss
24. FUNERAL DIRECTOR Demaine Funeral Home ADDRESS Alex. Va.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baden, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baden
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Ambrose
4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954

5. SEX F.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct. 18, 1869
9. AGE last birthday 85 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Westmoreland Co., Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT David Ambrose, 105 S. St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

293X

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary Anemia — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 20 yrs

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 1, 1954 to Feb 12, 1954, that I last saw the deceased alive on Feb 12, 1954, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE James G. Sasscer (Degree or title) M.D. — ADDRESS Upper Marlboro, Md. DATE SIGNED 2-13-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 16 1954
NAME OF CEMETERY OR CREMATORY Zion Wesley
LOCATION (City, town, or county) Waldorf (State) Md.

DATE REC'D BY LOCAL REG. 2/16/54
REGISTRAR'S SIGNATURE M. L. [illegible] J. H. Billingsley [illegible]
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; LENGTH OF STAY (in this place) 14 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8701 - Rhode Island Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park 14; STREET ADDRESS (If rural, give location) 8701 Rhode Island Ave.

3. NAME OF DECEASED (Type or Print): (First) August (Middle) Richard (Last) Baum

4. DATE OF DEATH: (Month) Feb. (Day) 8th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 29/1885

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman

10b. KIND OF BUSINESS OR INDUSTRY: Capital Transit Co

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L. Baum

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 578-10-6310

17. INFORMANT AND ADDRESS: Mrs. Margaret Boehman - R.F.D #2 Box 176 - Alexandria Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to Feby, 1954, that I last saw the deceased alive on Feby 6, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE: Elaine (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 2/8/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF: Feb. 11th, 1954

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Feb 8-1954

REGISTRAR'S SIGNATURE: John D Smith

24. FUNERAL DIRECTOR: W.W. Chambers Co - 517-11th St. S.E. ADDRESS Washington, D.C.

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FEB 11 1954
BUREAU V. S.

1865

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 241

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~XXXXXXXX~~ Seat Pleasant
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8000 Walker Mill Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN ~~XXXXXXXX~~ Seat Pleasant
STREET ADDRESS (If rural, give location) 8000 Walker Mill Drive

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Robert Edmond Beall
4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb 14, 1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue Agent
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME: ~~Walter~~ RICHARD Wesley Beall
14. MOTHER'S MAIDEN NAME: Tabitha Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Carlton Beall, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 xx

Immediate cause (a) Acute Congestive heart failure

DUE TO

Antecedent cause(s) (b) Cardiovascular renal disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Armer I. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/19/54
NAME OF CEMETERY OR CREMATORY St. Thomas Episcopal
LOCATION (City, town, or county) Croom (State) Maryland
DATE REC'D BY LOCAL REG. Feb. 18-54
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1823

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 5804 - Newton St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) FLORENCE (Last) Benesh.

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 2-22-1905
9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY STARK
14. MOTHER'S MAIDEN NAME: HARRIET STARKETT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: CHARLES BENESH - 5804 NEWTON ST. CHEVERLY MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X
Immediate cause (a) Multiple Venous Thromboses & Small Bowel — Interval Between Onset And Death: ?

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma Colon — ?
DUE TO (c) Carcinoma of body, head & tail of pancreas — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 49, to 2-15, 1954, that I last saw the deceased alive on 2-17, 1954, and that death occurred at 12 45 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dayton O Watkins MD Bladensburg Md 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2/22/1954
NAME OF CEMETERY OR CREMATORY FORT LINCOLN CEMETERY
LOCATION (City, town, or county) (State) COLMAR MANOR, PR. GEO., MD

DATE RECD BY LOCAL REGISTRAR 2/19/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. CHAMBERS Co-RIVERDALE, MD
ADDRESS

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I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH.
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6701 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N.Y. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Long Island
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Amelia (Last) Benjamin

4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 4, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Long Island N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Daniel Ruland
14. MOTHER'S MAIDEN NAME: B. A. Rouland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Betty Patience Kaiser 6701 Queens Chapel Hyatt. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350X Immediate cause (a) Acute Congestive Heart Failure. — Interval Between Onset And Death: 24 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 1 yr.

DUE TO (c) Paralysis agitans and osteoarthritis several years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1953, to 14 Feb, 1954, that I last saw the deceased alive on 6 Feb, 1954, and that death occurred at 8 am, from the causes and on the date stated above.

SIGNATURE Thomas E. Mattingly (Degree or title) M.D. ADDRESS 2200 R. Ave NE. Wash. 18, D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/15/54
NAME OF CEMETERY OR CREMATORY Steonk Cemetery
LOCATION (City, town, or county) Long Island N.Y. (State)

DATE REC'D BY LOCAL REGISTRAR Feb 14 1954
REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR The M. Hines Co. 2901-14th St NW Wash DC.
ADDRESS

RECEIVED
FEB
BUREAU V. S.

1817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tahoma Park Md — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6620 Poplar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tahoma Park Md
STREET ADDRESS (If rural, give location): 6620 Poplar Ave

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) E. M. (Last) BLADEN
4. DATE OF DEATH (Month) Feb (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: May 12 1885
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Steamfitter
11. BIRTHPLACE (State or foreign country): Wash D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William E Bladen
14. MOTHER'S MAIDEN NAME: Mary V. Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Marie E Bladen 6620 Poplar Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 153X (a) Terminal Pulmonary Edema — 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Colon with metastasis — 18 mos.

(c) Bilateral Emphysema — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1954, to Feb 17, 1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 1:45A m., from the causes and on the date stated above.

SIGNATURE: Francis C Richardson (Degree or title) M.D. — ADDRESS: 7717 Blacks Ave N.W. Wash D.C. — DATE SIGNED: 2/17/54

23. BURIAL CREMATION REMOVAL (Specify) — DATE THEREOF: 2-20-54 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county): Bladensburg (State) Md

DATE REC'D BY LOCAL REG.: Feb 23, 1954 — REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR: Deal Funeral Home. 4812 — ADDRESS: Ga Ave NW Wash DC

1866

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aquasco Village
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural & Aquasco Village
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) LEE (Last) BOWEN

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Sept 26, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: JOSEPH C. THOMAS
14. MOTHER'S MAIDEN NAME: ANN WILKINSON

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. EDNA CONTEE - Aquasco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444X Immediate cause (a) Acute Myocardial Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Myocardial Weakness

DUE TO (c) Hypertension

Interval Between Onset And Death 5 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1953, to Feb. 1954, that I last saw the deceased alive on Feb. 2, 1954, and that death occurred at 1:20 PM, from the causes and on the date stated above.

SIGNATURE Vadeh M Seron (Degree or title) MD ADDRESS Aquasco, Md DATE SIGNED 2/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/10/54
NAME OF CEMETERY OR CREMATORY St Mary's Cemetery
LOCATION (City, town, or county) Aquasco (State) Md
DATE REC'D BY LOCAL REGISTRAR 2/9/54
REGISTRAR'S SIGNATURE ~~Julia H. Casey~~ F. H. Billingsley
24. FUNERAL DIRECTOR Hontt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11
BUREAU V. S.

1824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (In this place) 34 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6124 Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 6124 Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) (Last) Brainin

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov-1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country): Odessa, Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zalman Brainin
14. MOTHER'S MAIDEN NAME: Thema Sarah Treskunoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-16-2183
17. INFORMANT & ADDRESS: William Brainin 6124 Central Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 2-8-54 NAME OF CEMETERY OR CREMATORY Nat. Cap. Hurew LOCATION (City, town, or county) Helvidere Md (State)

DATE REC'D BY LOCAL REG. 2-5-54 REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR B Danzinsky & Son ADDRESS 3501-14th St NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BOUND V. S.

1825

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenilworth
STREET ADDRESS (If rural give location) 1435 Eastern Ave

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) MARY (Last) Brown

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 20 Dec 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Roth

14. MOTHER'S MAIDEN NAME: Emma Kaiser

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: — —

17. INFORMANT & ADDRESS: James F. Brown - Kenilworth Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic carcinoma — Interval Between Onset And Death: 6 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma Lung left — Interval: 1 year

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute left heart failure — Interval: 24 hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1954, to Feb 21, 1954, that I last saw the deceased alive on Feb 19, 1954, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S. Miller M.D. ADDRESS Mt. Rainier DATE SIGNED Feb 22 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/23/54

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/22/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Gascha Sons Hyattsville Md ADDRESS

VS. A15

RECEIVED
FEB 24
BUREAU V. S.

1862

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (rural)

LENGTH OF STAY (in this place): 3 yrs., 5 mos., and 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: D. C. — COUNTY: —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural give location): 1217 3rd St., S. W.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) M (Last) Canaday

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/18/1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Federal Agency in Justice Dept. Building.

11. BIRTHPLACE (State or foreign country): Works Logsburg, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Canaday

14. MOTHER'S MAIDEN NAME: Novella Blackwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 578-26-9577

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 3yr 2Mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27/1950, to 2/28/1954, that I last saw the deceased alive on 2/28/1954, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finnegan M. D.

ADDRESS: Glenn Dale Hospital Glenn Dale, Maryland

DATE SIGNED: 2/28/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/2/54

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Washington for D.C.

DATE REC'D BY LOCAL REGISTRAR: 3/2/54

REGISTRAR'S SIGNATURE: Mae Wells

24. FUNERAL DIRECTOR ADDRESS: Montgomery Bros Funeral Home 913 Florida Ave N.W. Wash. D.C.

MAR 8 1954
BUREAU V.

1868

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7401 Oxon Hill Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 7401 Oxon Hill Rd S.E.

3. NAME OF DECEASED (Typo or Print): (First) Ada (Middle) Ethel (Last) Carter

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct 28 1881

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No

10b. KIND OF BUSINESS OR INDUSTRY: Clerk

11. BIRTHPLACE (State or foreign country): Troy, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: U - Buchanan

14. MOTHER'S MAIDEN NAME: Mary Cowan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wade Hampton Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X
Immediate cause (a) Metastatic Carcinoma of Lungs — 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of Breast — 20 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Gastro-Enterostomy 4 yrs ago

19a. DATE OF OPERATION: 20 yrs ago — 19b. MAJOR FINDINGS OF OPERATION: Removal of Left Breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1954, to 2-9, 1954, that I last saw the deceased alive on 2-9, 1954, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Anna Coyne Todd, M.D. — 7519 Brookview Rd S.E. — 2/9/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-13-54 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial — LOCATION (City, town, or county): Suitland — (State): Md.

DATE REC'D BY LOCAL REG.: 2-10-54 — REGISTRAR'S SIGNATURE: Carrie Campbell

24. FUNERAL DIRECTOR — ADDRESS: Robert G. McGuire — 1820-9th St. N.W. Wash., D.C.

RECEIVED
FEB 17 ...
BUREAU V. ...

1826

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 2 0 G.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Bowie (21 yrs)
STREET ADDRESS (If rural, give location): 1925 - Chestnut Ave

3. NAME OF DECEASED: (Type or Print) (First) Augustine (Middle) Alexander (Last) Carter

4. DATE OF DEATH: (Month) 2 - (Day) 25 - (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	Mar. 2, 1887	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired R.R. Trackman	Pa. R.R.	Maryland	U.S.A.

13. FATHER'S NAME: Augustine G. Carter

14. MOTHER'S MAIDEN NAME: Mary F. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Pearl Carter - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO	Cardiovascular renal disease	
(c)		

442.X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

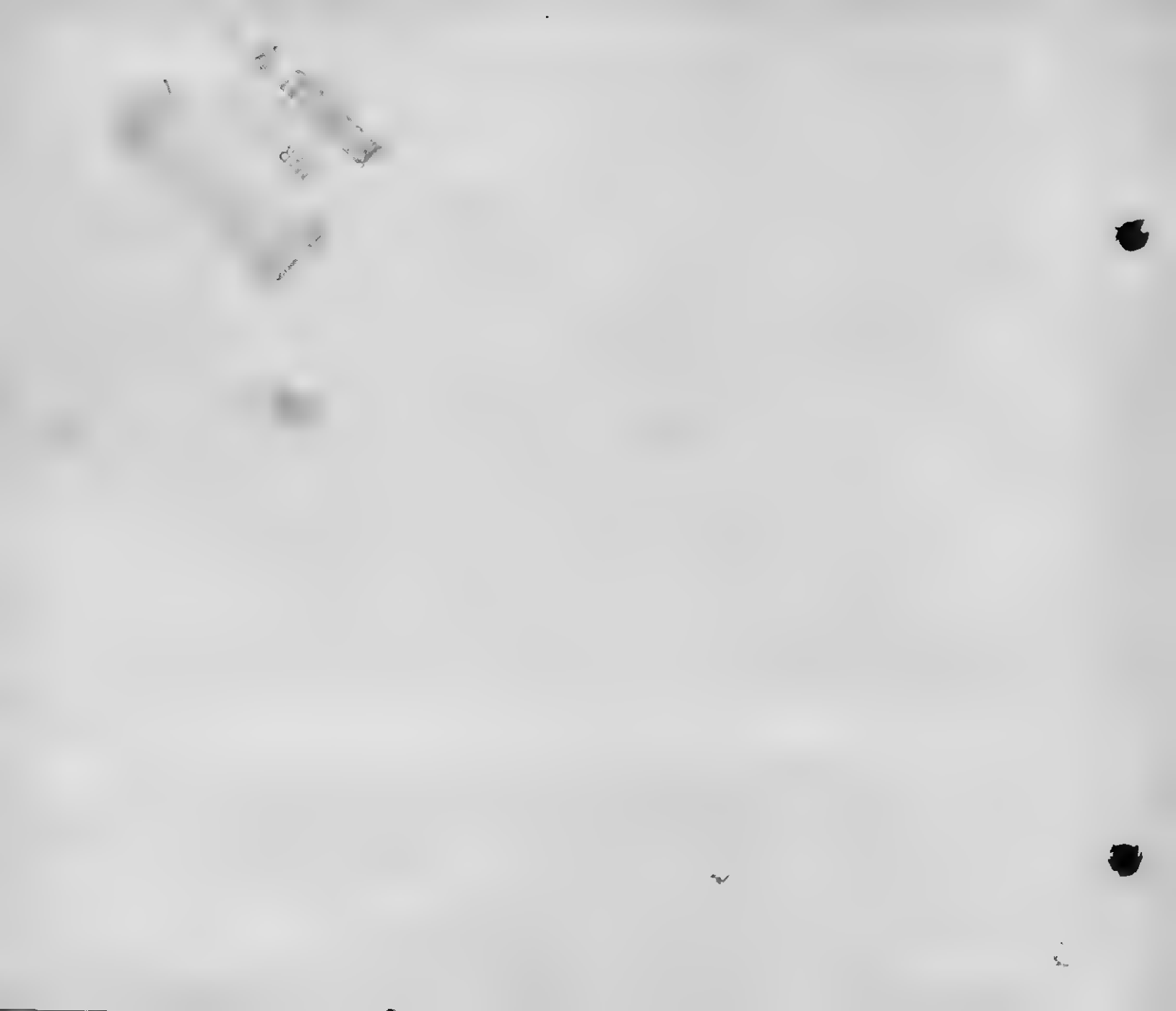
22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John D. Maloney (Hyattsville, Md) — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED: 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-1-54	Church of Ascension Cemetery	Bowie	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-25-54	Amanda Downey	Robert J. McGuire	1520-9th St NW Wash. D.C.

VS. A15A - 5 - 53



1827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL #1 — LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 328 MAIN ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 328 MAIN ST

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) ELIJAH (Last) CHAPMAN
4. DATE OF DEATH: (Month) FEB (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	WIDOWED	FEB 10 1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HORSE MAN	HORSE RACING	MAINE	USA

13. FATHER'S NAME: CHARLES CHAPMAN
14. MOTHER'S MAIDEN NAME: ALICE TERTLOT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	214-28-9291	VIRGINIA SCAGLIARINI 328 MAIN ST LAUREL, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	1 DAY
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PROGRESSIVE CEREBREAL SCLEROSIS	6 MONTHS
	(c) GENERALIZED ARTERIO SCLEROSIS	2 OR 3 YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	none		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1953, to 11 Feb, 1954, that I last saw the deceased alive on 69 Jan, 1954, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas R. Mahaffey	MD	322 Prince George St Laurel Md	12 Feb '54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 15 1954	St Marys Cemetery	Laurel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 14-1954	M. Buchanan	De Witt Donaldson	Laurel, Md

RECEIVED
FEB 16 1.4
BUREAU V. S.

1872

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Pr. Geo's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Upper Marlboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Guiger (Middle) Harry (Last) Clagett.

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1954.

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Clagett.

14. MOTHER'S MAIDEN NAME: Elizebeth Isham.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Mrs. Margaret W. Clagett, Upper Marlboro, Md. (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1-2-3-1

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Secondary Anemia — 6 months

DUE TO

(c) Myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 20 yrs

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953 to Feb 15, 1954 that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E. Tarleer M.D. Upper Marlboro, Md 2-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2/18/54

NAME OF CEMETERY OR CREMATORY: Trinity Episcopal Cem.

LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG. Feb 17 1954

REGISTRAR'S SIGNATURE John F. Tanner.

24. FUNERAL DIRECTOR: Ritchie Bros.

ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct as to age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

BUREAU V. S.

1805

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. — No. 245

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville 13 — LENGTH OF STAY (In this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4230 Oglethorpe St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4230 Oglethorpe St.

3. NAME OF DECEASED: (Type or Print) (First) Burton (Middle) Thane (Last) Collins

4. DATE OF DEATH (Month) 2 (Day) 11 (Year) 1954

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	May 7, 1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Metallurgist	Navy Gun Factory	Nebraska	U.S.A.

13. FATHER'S NAME: Albert A. Collins

14. MOTHER'S MAIDEN NAME: Mary Nuttsville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W.W. I		Melvin S. McCune 1803 Belmont Rd. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular disease DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: John J. Maloney (Hyattsville) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED: 2-11-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/54	Arlington National	Arlington Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/13/54	Amanda Young	J. Gascha & Son	Hyattsville Md.

Feb 15 1954 James Devey

FEB

1828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11-231

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beverly
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: High Ridge Near Ellicott City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rose	Lee	Cornwell	Feb	20	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Jan 24 1892	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	self-employed	Patapsco, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Cornwell	Sarah [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Miss Catherine Cornwell Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
332.X. Immediate cause	(a)	Cerebral Thrombosis	or 6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Old Myocardial Infarction and Auricular Fibrillation	
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Pneumonia and Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No	None	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None	None		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work / Not While at Work	HOW DID INJURY OCCUR?
None			m.	No	None

22. I hereby certify that I attended the deceased from 2/16, 1954, to 2/20, 1954, that I last saw the deceased alive on 2/20, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		36 Main St., Laurel, Maryland	2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	2/23/54	Monument Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
FEB 23 -54	Amanda Downey	Dir. Mitchell-Gardner Funeral Home	Md

RECEIVED
[illegible]
BUREAU V. S.

1869

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 230

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ~~231~~

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Crump, Jr.

4. DATE OF DEATH (Month) 2 (Day) 19 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-23-07
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Govt Farms
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Crump Sr
14. MOTHER'S MAIDEN NAME: Lottie Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elsie Crump - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 - X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) (b) Cardiovascular renal disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Feb. 19, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 2/20/54
NAME OF CEMETERY OR CREMATORY H. S. Washington & Son
LOCATION (City, town, or county) (State) Wash. D. C.

DATE REC'D BY LOCAL REG. 2/20/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR H. S. Washington & Son
ADDRESS 467 - M. St. N.W. City

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

FEB
U. S.

1871

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6603--44th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr.Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) University Park
STREET ADDRESS (If rural give location) 6603--44th Avenue

3. NAME OF DECEASED: (Type or Print) (First) GLENN (Middle) ARTHUR (Last) CUMINGS

4. DATE OF DEATH: (Month) (Day) (Year) February 6th, 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 19th 1894

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Agriculture Engineer

10b. KIND OF BUSINESS OR INDUSTRY: US Dept. of Agriculture

11. BIRTHPLACE (State or foreign country): Wayland, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ebenezer Harlan Cumings

14. MOTHER'S MAIDEN NAME: Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Richard G. Cumings, 2711--29th St.S.E. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause — (a) Coronary Occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Coronary Sclerosis — DUE TO

(c)

Interval between Onset And Death: (a) 30 min. (b) ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 - 6 ..., 19 54, to 2 - 6 ..., 19 54, that I last saw the deceased alive on 1 - 30, 19 54, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Waldo B. Moyus M.D. — 3503 Perry St. Mt. Rainier Md. — 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 9/1954 — NAME OF CEMETERY OR CREMATORY Center Cemetery — LOCATION (City, town, or county) (State) Wayland, Iowa.

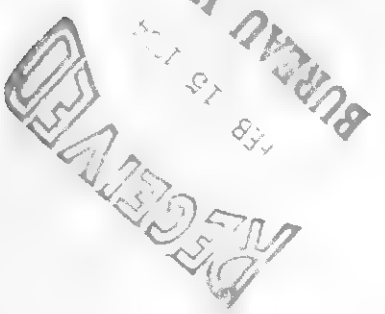
DATE REC'D BY LOCAL REGISTRAR 2-8-54 — REGISTRAR'S SIGNATURE Cowie Campbell

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

VS. A15

Medical Examiner notified and told me to take care of certificate.

Wilder B. Morgan, M.D.



Item 18 Film G161 3-3-54 amg

01823

1806

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ------

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville,
STREET ADDRESS (If rural give location): 6214 - 42nd Avenue

3. NAME OF DECEASED: (Type or Print) (First) RUTH (Middle) SMITHERS (Last) DAVIS

4. DATE OF DEATH: (Month) February (Day) 15, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 29,1906

9. AGE last birthday: 47 yrs. — IF UNDER 1 YEAR: Months 9 Days 17 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Huevelton, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sidney Smithers

14. MOTHER'S MAIDEN NAME: Laura Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: 6214-42nd Avenue — Mr.Howard W.Davis (Husband)-Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Cachexia	2 mos.
DUE TO		
Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	Carcinomatosis - Primary site unknown	Unk
DUE TO (c)	Malignancy, Adenocarcinoma	6 mos

199.9

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 8/2/53, 19.... , to 2/15/54, 19.... , that I last saw the deceased alive on Jan. 27., 19.54, and that death occurred at 11 PM 2/15/54 from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon W. Kelly	M.D.	6124- 41st Ave Hyattsville, Md	2/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Feb. 17, 1954	Fort Lincoln Cemetery	Prince Geo., Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 2/16/54 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Martin W. Hysong Co. — ADDRESS: 1300 N St. N.W. Washington, D.C.

Feb 17, 1954 James Dewey

BUREAU V. S.

1829

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park University of Md.
STREET ADDRESS (If rural give location) VFIB University of Md.

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) Thomas (Last) Davis

4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan. 20 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 19

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: child

11 BIRTHPLACE (State or foreign country): Cheverly Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Davis

14. MOTHER'S MAIDEN NAME: Souder, Beverly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John J. Davis, VFIB University of Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20 ,1954 , to 2/8 , 1954, that I last saw the deceased alive on 2/7 , 1954, and that death occurred at 10:25 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) T. H. Westerveldt MD ADDRESS College Park DATE SIGNED 2/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/11/54 NAME OF CEMETERY OR CREMATORY George Wash. Mem. Pk LOCATION (City, town, or county) Prince George County (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/10/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W.W. Chambers ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15
BUREAU V

1873

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 232

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dower House Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY ---
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1331 K Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Leonard (Last) Day
4. DATE OF DEATH (Month) 2 (Day) 23 (Year) 19 54
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 8, 1922
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Employed Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Metal.
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Arthur Day.
14. MOTHER'S MAIDEN NAME: Nettie (nee Barrett)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) W.W. II.
16. SOCIAL SECURITY NO.: 579-22-6081
17. INFORMANT & ADDRESS: Mrs. Lillian Day (Wife) 1331 K St.,S.E.,Washington, 3, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

822X
Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Crushed skull and chest
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Road
21c. (City or town) Melwood (County) P. G. (State) Md.
21d. TIME OF INJURY (Month) 2 (Day) 23 (Year) 54 (Hour) 12:40 P.M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Occupant of truck that turned over

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James S. Taylor M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 2/23/54
NAME OF CEMETERY OR CREMATORY Chambers Funeral Home
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 2/23/54
REGISTRAR'S SIGNATURE John F. Tanner
24. FUNERAL DIRECTOR Ritchie Bros.
ADDRESS Upper Marlboro, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1874 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Airport Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Croome
STREET ADDRESS (If rural, give location) Airport Road

3. NAME OF DECEASED: (Type or Print) (First) Matilda (Middle) Hattie (Last) Diggs

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Many
8. DATE OF BIRTH: Sept 26, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Aircraft
10b. KIND OF BUSINESS OR INDUSTRY: Gun Hom
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph L Galloway
14. MOTHER'S MAIDEN NAME: Elizab Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Robert Diggs same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) (b) Cardiovascular renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐.
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Ford M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 2-12-54 NAME OF CEMETERY OR CREMATORY St. Marys LOCATION (City, town, or county) Croome Md (State)

DATE REC'D BY LOCAL REG. 2-7-54 REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR John T. Stewart ADDRESS 30 H St. N.E.

FEB 11 1
BUREAU V. S.

1830

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, Maryland
STREET ADDRESS (If rural give location) Box 317

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Sorge

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 26, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Winston Salem, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jerry Sorge

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lizzie Sorge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

42.0.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1954, to ....., 19...., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE Benjamin Miller (Degree or title) MD ADDRESS Mt Rainer DATE SIGNED Feb 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 2/20/54

NAME OF CEMETERY OR CREMATORY H.S. Washington's

LOCATION (City, town, or county) (State) 467 N St N.W. Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR 2/20/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. S. Washington & Sons ADDRESS 467 N St. N.W. W.D.C

VS. A15

1875

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1 PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4304 Underwood st.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural give location) 4304 Underwood St.

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) M. (Last) Feller

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 7, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR, Months, Days; IF UNDER 24 HRS., Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William D. Hockman

14. MOTHER'S MAIDEN NAME: Elizabeth Mort.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary R. Borden - 4304 Underwood St. University Park. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X — (a) DUE TO Cardio-atero-Nephritis Sclerosis — Interval Between Onset And Death 3 Mths.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO a Osteoma of lungs

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29 1954 to Feb 24 1954, that I last saw the deceased alive on Feb 23 1954, and that death occurred at ... m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Brody M.D. — ADDRESS 35-14 Ave Wash DC — DATE SIGNED Feb 23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2/26/54 — NAME OF CEMETERY OR CREMATORY Toms Book Cemetary — LOCATION (City, town, or county) Toms Brook, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Feb 25 1954 James Dewey

24. FUNERAL DIRECTOR 2901 14th St. N.W. ADDRESS S.H. Hines Co. Washington D.C.

VS. A15

FEB
BUREAU V. S.

1881

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cannady Hills
STREET ADDRESS (If rural, give location) 7220 F. Street - Lan.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Elbert (Last) Foster

4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 2, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Fireman - Diler

10b. KIND OF BUSINESS OR INDUSTRY: Mayflower Hotel

11. BIRTHPLACE (State or foreign country): Ark.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Foster

14. MOTHER'S MAIDEN NAME: ? Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Lillian Foster - Wife - Same as # 7

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Hemorrhage & shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Contusion
DUE TO
(c)

8127

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY Street

21c. (City or town) Colmar Manor (County) Pr. Geo. (State) Md

21d. TIME OF INJURY (Month) 2 (Day) 2 (Year) 54 (Hour) 4.37 P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Walking across the road - collided with auto.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2-20-54
NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Feb 19 1954
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR B. Bosely's Sons - Hyattsville, Md.
ADDRESS

VS. A15A - 5 - 53

1832

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Chinly
LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Plesant
STREET ADDRESS (If rural give location) 6908 Avon St.

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) L. (Last) FOX

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov 30 1881

9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Conn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David A Fox

14. MOTHER'S MAIDEN NAME: Alice Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Louise F Chaney 6908 Avon St Seat Plesant Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Chronic Myocardial Insufficiency

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Metastatic Carcinoma

DUE TO

(c) Carcinoma of the Bladder

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 16, 1953

19b. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma Bladder

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952, to Feb 6, 1954, that I last saw the deceased alive on 2-6, 1954 and that death occurred at 1 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis B. Bachrach M.D. ADDRESS 915-19th N.W. Wash DC DATE SIGNED 2/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2-10-54

NAME OF CEMETERY OR CREMATORY Fountain Hill

LOCATION (City, town, or county) (State) Deep River Conn

DATE REC'D BY LOCAL REGISTRAR 2/6/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300-4th St N.E. Wash D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. | RURAL | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital, 4408 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
STREET ADDRESS (If rural give location) 6004 - 44th Place, Md

3. NAME OF DECEASED: (Type or Print) Mrs. (First) ~~Louise~~ Louise (Middle) (Last) Garland.

4. DATE OF DEATH: (Month) Feb. 14 (Day) (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): | 8. DATE OF BIRTH: 3/3/1885 | 9. AGE last birthday: 68 yrs. | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Vet. Adm. | 11. BIRTHPLACE (State or foreign country): Warsaw, Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Daniel Garland ~~Frost~~ | 14. MOTHER'S MAIDEN NAME: Betty Blanche Garland

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331K

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 6 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) General arteriosclerosis — 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1954, to Feb 14, 1954, that I last saw the deceased alive on Feb 13, 1954, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE L W Mahon (Degree or title) MD ADDRESS Riverdale Md DATE SIGNED Feb 14, 1954

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~: (Specify) Burial | DATE THEREOF Feb. 14, 1954 | NAME OF CEMETERY ~~OR CREMATORY~~ Walnut Lawn | LOCATION (City, town, or county) (State) Warsaw, Richmond County, Va

DATE REC'D BY LOCAL REGISTRAR Feb 15 1954 | REGISTRAR'S SIGNATURE James Dewey

24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS Riverdale, Md.

VS. A15

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1876

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural) | LENGTH OF STAY (in this place) 2 months, 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1121 - O. St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) Lad (Middle) (Last) Gethers

4. DATE OF DEATH: (Month) 2 (Day) 3 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 9/9/10 | 9. AGE last birthday: 43 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Construction | 11. BIRTHPLACE (State or foreign country): Sumpter, So.Carolina | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Gethers | 14. MOTHER'S MAIDEN NAME: Etta Haynes

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 577-18-730 | 17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 3 Mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1953, to 2/3, 1954, that I last saw the deceased alive on 2/3, 1954, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE Daniel Leo Finnegan (Degree or title) MD | ADDRESS Glenn Dale Hospital Glenn Dale, Md. | DATE SIGNED 2/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 2/4/54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 2/4/54 | REGISTRAR'S SIGNATURE Mol Wein | 24. FUNERAL DIRECTOR Malvan & Shley Inc | ADDRESS Washington DC.

RECEIVED
FEB 15 1954
BUREAU V. S.

1814

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 34

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
LENGTH OF STAY (in this place) 16
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier
STREET ADDRESS (If rural give location) 4212-31st Street

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) E. (Last) Glynn

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 12-28-1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country) Batavia, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lynch
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 321x
(a) Toxic myocardosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral arterio-sclerosis, possible cerebral hemorrhage — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1954, to 2/16, 1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 8:20 P.M., from the causes and on the date stated above.
SIGNATURE Frank R. Shea (Degree or title) N.D. ADDRESS 4100-[illegible] Wash 18 DC DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 2/19/1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Feb 18 1954
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Nallen's Funeral Home, Inc. ADDRESS 3200 R.I. Ave. Mt. Rainier, Md.

FEB
BUREAU V. S.

1838

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanerly Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Hghts
STREET ADDRESS (If rural give location) 6300 Sheriff Rd

3. NAME OF DECEASED: (Type or Print) (First) Linwood (Middle) (Last) Godbold
4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 2-29-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 11 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irving Godbold
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes give war or dates of
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema. Hypoproteinemia

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Anemia, severe, iron-deficiency.

DUE TO (c) Vitamin "C" deficiency (Scurvy)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1954, to Feb. 11, 1954, that I last saw the deceased alive on Feb. 11, 1954, and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE John W. Pulsin (Degree or title) M.D. ADDRESS 5301 Hamilton St. Hyattsville, Md DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/20/54
NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REGISTRAR 2/18/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Frazier's Funeral Home ADDRESS 389-R.I. Ave. N.W.

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FEB 2
BUREAU V. S.

1834

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5805 Queens Chapel Road.

3. NAME OF DECEASED: (Type or Print) (First) Paulina (Middle) (Last) Grenier

4. DATE OF DEATH (Month) (Day) (Year) 2-20-1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: March 24. 1904
9. AGE last birthday: 49 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry F. Joslin
14. MOTHER'S MAIDEN NAME: Rose Hadd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Friends of Sacred Heart Home Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary thrombosis	
DUE TO		
	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute topic Gastritis

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Wade (Hyattsville Md)
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ M. D. ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 2-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb 23 1954
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) (State) Washington D.C.

DATE FILED BY LOCAL REG. Feb 21, 1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Francis J. Collins
ADDRESS 3821-14th St. N.W. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1818

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1/25

1. PLACE OF DEATH:
COUNTY PRINCE GEO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 SPRING AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
STREET ADDRESS (If rural give location) 213 SPRING AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MERTON (Middle) E. (Last) HAMILTON

4. DATE OF DEATH: (Month) FEB. (Day) 3 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: FEB 22, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OXFORD, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ERASTUS HAMILTON
14. MOTHER'S MAIDEN NAME: HARRIET MASTON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: BERNICE PERKINS, 213 SPRING AVE TAKOMA PARK MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion — Interval Between Onset And Death 3 hrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease — Years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — Years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1953, to Feb. 3, 1954, that I last saw the deceased alive on Jan. 30, 1954, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE Arthur R. Bergman, M.D. (Degree or title) ADDRESS 8801 Colesville Rd., Silver Spring, Md. DATE SIGNED Feb. 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF FEB. 7 1954
NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON CEMETERY
LOCATION (City, town, or county) PRINCE GEORGE COUNTY (State) MD.

DATE REC'D BY LOCAL REGISTRAR Feb 3 1954
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR Arthur C. Walters
ADDRESS 254 CARROLL ST. N.W. TAKOMA PARK, D.C.

FEB 8
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1835

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenerly, Md. LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Frank (Last) Hardesty

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 10, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (or if retired): Employed Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Tombstone Industry

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Frank Hardesty

14. MOTHER'S MAIDEN NAME: Louise (nee Chaney)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary Hardesty Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Ventricular tachycardia — Interval Between Onset And Death 3 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) H.C.V.D. c̄ decompensation plus — Years.

DUE TO anemia - etiol ?

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia etiol ?

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1954 to 2/7, 1954, that I last saw the deceased alive on 2/7, 1954, and that death occurred at 12 50 pm from the causes and on the date stated above.

SIGNATURE Samuel J. N. Sugar (Degree or title) MD ADDRESS Mt Rainier Md. 4300 Raymond Drive DATE SIGNED 2/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/11/54

NAME OF CEMETERY OR CREMATORY Trinity Episcopal Cem.

LOCATION (City, town, or county) (State) Upper Marlboro, Md.

DATE REC'D BY LOCAL REGISTRAR 2/11/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

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BUREAU V.

1819

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY PRINCE GEORGE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK 17
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 - HUDSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON, D.C. 7-1
STREET ADDRESS (If rural give location) #304 W. CLIFTON TERRACE

3. NAME OF DECEASED: (Type or Print) (First) ESSIE (Middle) L. STERNE (Last) HURD
4. DATE OF DEATH: (Month) FEB (Day) 6, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MARCH 13, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): UNION SPRINGS, ALA.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: HENRY STERNE
14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: W.F HURD - HUSBAND 1913 PARK RD. N.W. WASH., D.C

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
332X
Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1949, to Feb 6, 1954, that I last saw the deceased alive on Feb 6, 1954 and that death occurred at 9:45 7:15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Horace H Custis Jr MD ADDRESS 1852 Columbia Rd NW DATE SIGNED 2/6/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/9/54
NAME OF CEMETERY OR CREMATORY Rock Creek Cem.
LOCATION (City, town, or county) Washington, (State) D.C.
DATE REC'D BY LOCAL REGISTRAR Feb. 6 - 1954
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co ADDRESS 2401 - 14th St N.W., Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU

1836

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hosp. 4408 Queensbury Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
STREET ADDRESS (If rural, give location) 2265 Lewisdale Dr.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) N. (Last) IGLEHERT

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 14, 1914
9. AGE last birthday 39 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry N. Iglehart
14. MOTHER'S MAIDEN NAME Margaret Togwell Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Imogene Iglehart - 2265 Lewisdale, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 11

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Insufficiency

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac and Liver Enlargement

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

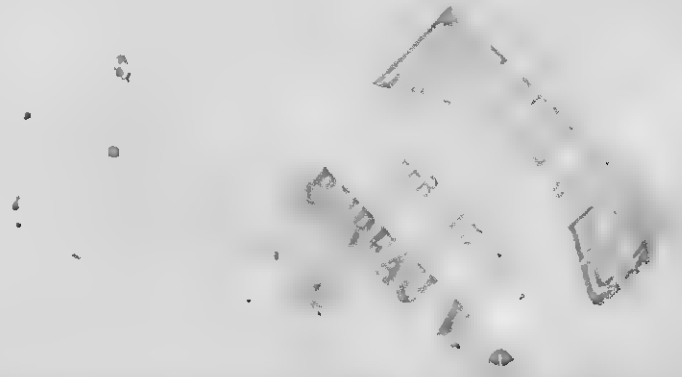
22. I hereby certify that I attended the deceased from 26 Dec, 1954, to 8 Feb, 1954 that I last saw the deceased alive on 8 Feb, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert C Harle (Degree or title) Md ADDRESS 35 New Ave NE Wash DC DATE SIGNED 7 Feb 54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 2-12-54 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. Feb. 10, 1954 REGISTRAR'S SIGNATURE James Severe

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Ga Ave NW



1837

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, Md.
STREET ADDRESS (If rural give location) 4600 Am Legion Road

3. NAME OF DECEASED: (Type or Print) (First) Anne (Middle) (Last) Kinman

4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: July 23 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records Cheverly Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17-X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death 6 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Primary Carcinoma of Ovary

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1953, to 2-7, 1954, that I last saw the deceased alive on 2-7, 1954, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE K. D. Sauer (Degree or title) M.D. ADDRESS Hyattsville, Md. DATE SIGNED 2-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2/8/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 8, 1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons - Hyattsville Md. ADDRESS

FEB
BUREAU V. S.

1838

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02883

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 6 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 7408 Tilden St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Kipp.
4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 10, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 5 Min. 58
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herbert Kipp.
14. MOTHER'S MAIDEN NAME: Lois Pike
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 760.0 (a) Cerebral hemorrhage — Interval Between Onset And Death 5½ hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Craniotomy — 5½ hrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Locked twins

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1954, to 2/10, 1954, that I last saw the deceased alive on 2/10, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick E. Munn M.D. ADDRESS 7409 Varnum St DATE SIGNED 2/10/54 Landover Hills Md

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 3/4/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly (State) Md
DATE REC'D BY LOCAL REGISTRAR 3/16/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr.
ADDRESS Lyst

2024332393

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1954
BUREAU V. C

1839

1945

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md.
LENGTH OF STAY (in this place) 7 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Wash. D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D.C. 4 a 2
STREET ADDRESS (If rural give location) 2332 Naylor Rd. S.E.

3. NAME OF DECEASED: (Type or Print) (First) Alonzo (Middle) Frederick (Last) Ladd.
4. DATE OF DEATH: (Month) 2 (Day) 11 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb 3 1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Store Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Ladd.
14. MOTHER'S MAIDEN NAME: Laura Crawford.

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Son Ralph Ladd - 3706 Benita St. S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
560.3 Immediate cause	(a) Pulmonary Embolism	5-7 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Post Surgical	6 days
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-5-54
19b. MAJOR FINDINGS OF OPERATION Epigastric Hernia & Inguinal left - hernia
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4 ..., 1954, to 2-10, 1954, that I last saw the deceased alive on 2-10, 19 54 and that death occurred at 4:33 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Leland Memorial Hosp ADDRESS Riverdale, Md DATE SIGNED 2-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 13 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.
DATE REC'D BY LOCAL REGISTRAR Feb 12 1954
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1954
BUREAU V. S.

1808

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7511-25th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural, give location) 7511-25th Ave

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) William (Last) Lammers

4. DATE OF DEATH (Month) (Day) (Year) 2-14-1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-12-1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Lewis Lammers
14. MOTHER'S MAIDEN NAME: Josephine Minch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) (b) Cardiovascular renal disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF 2/17/54
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middle Village. N.Y.

DATE REC'D BY LOCAL REG. Feb. 16, 1954
REGISTRAR'S SIGNATURE James Derry
24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

Film#G161 Item# 12 2/9/54 emf

1809

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): College Park
LENGTH OF STAY (in this place): 7½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7009 Wake Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): College Park
STREET ADDRESS (If rural give location): 7009 Wake Forest Drive ✓

3. NAME OF DECEASED: (First) OLGA (Middle) (NMN) (Last) LEJINS
4. DATE OF DEATH: (Month) February (Day) 2nd (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	July 24th, 1878	75 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Kazan, Russia ✓	LATVIA

13. FATHER'S NAME: Peter Makarov
14. MOTHER'S MAIDEN NAME: Maria Golushenko

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	none	Peteris P. Lejins, 7009 Wake Forest Dr College Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval between Onset And Death
155X Immediate cause	(a) Carcinoma of Gall Bladder with Metastasis DUE TO to liver and Regional Nodes	6+ mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-21-53	Carcinoma of Gall Bladder. Liver & Regional metastases	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-14, 1953, to 2-2., 1954, that I last saw the deceased alive on 1-30, 1954, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Waldo B. Magers	M.D.	Mt. Rainier Md	2-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4th, 1954	Fort Lincoln Cem.	Colmar Manor, Pr. Geo., Md.

DATE REC'D BY LOCAL REGISTRAR: Feb 4 1954
REGISTRAR'S SIGNATURE: James Devers
24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
BUREAU V. S.

Film #G161 Item # 7 3/1/54 emf

1840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Geo. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheltenham X; STREET ADDRESS (If rural give location) Boy's Village.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Liverpool

4. DATE OF DEATH: (Month) Feb (Day) 19 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 8/28/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2 or X

Immediate cause (a) Diabetes Mellitus

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Thrombosis

DUE TO

(c)

Interval Between Onset And Death: 17 yrs. 14 days.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.., to ....., 19.., that I last saw the deceased alive on ....., 19.., and that death occurred at 12:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller M.D. ADDRESS: Mt Rainier Md. DATE SIGNED: Feb 20 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2/22/54; NAME OF CEMETERY OR CREMATORY: Potomac Church Cem.; LOCATION (City, town, or county): Hauge (State): Va.

DATE REC'D BY LOCAL REGISTRAR: 2/21/54; REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Ritchie Bros. ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.

1877

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spaulding Heights
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1514-61st Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Spaulding Heights
STREET ADDRESS (If rural, give location) 1514-61st Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (KATE) (Last) Catherine Lunsford
4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: unknown
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Marcey
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Raymond J Lunsford same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442x

Immediate cause (a) Congestive heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☑
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 2-9-54
NAME OF CEMETERY OR CREMATORY WASHINGTON NATIONAL
LOCATION (City, town, or county) (State) SUITLAND, MARYLAND

DATE REC'D BY LOCAL REG. 2-6-54
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. 517 11th St. S.E. D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1878

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 747 Alabama Ave., S.E.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) J (Last) Lynch
4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 1/4/92
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Office
10b. KIND OF BUSINESS OR INDUSTRY: Govt.
11. BIRTHPLACE (State or foreign country): Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: John Lynch
14. MOTHER'S MAIDEN NAME: Mary Ure

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 578-42-7406
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4201

Immediate cause (a) [illegible]

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

002X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1953, to 2/4, 1954, that I last saw the deceased alive on 2/4, 1954, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Pinecane M.D.
ADDRESS Glenn Dale Hospital Glenn Dale, Md.
DATE SIGNED 2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2/4/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR 2/4/54
REGISTRAR'S SIGNATURE Uoe Wein
24. FUNERAL DIRECTOR M. W. Hyong
ADDRESS 1300 N St Wash. D.C.

BUREAU

1809

M

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801--42nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1500 Kearney Street, N.E.

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) (NMN) (Last) MACKENZIE

4. DATE OF DEATH: (Month) February (Day) 19th (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb.11th,1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? British Subject.

13. FATHER'S NAME: Henry Etherington

14. MOTHER'S MAIDEN NAME: Emily Enticknap

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Kenneth F. Mackenzie, 1500 Kearney St. N.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral hemorrhage

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiovascular renal disease

DUE TO

(c)

Interval Between Onset And Death

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1953, to 2-19, 1954 that I last saw the deceased alive on 2-19, 1954, and that death occurred at 7 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl N. Graff MD ADDRESS 3400 N St NE DATE SIGNED Wash 18 DC

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/23/1954

NAME OF CEMETERY OR CREMATORY Glenwood Cemetery

LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR Feby 20 1954

REGISTRAR'S SIGNATURE Mrs Jas. Severe Deputy Local

24. FUNERAL DIRECTOR W.W.Chambers Company, Riverdale, Md. ADDRESS

FEB
BUREAU V. S

Film#G162 Item# 8,9 3/8/54 emf

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 1/2 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seabrook, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Theresa (Middle) Elizabeth (Last) Mallard

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 27 July 1922

9. AGE last birthday: 31 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, ~~(Not inclined)~~: House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John G. Hoff

14. MOTHER'S MAIDEN NAME: Margaret P. Finke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579 14 6209

17. INFORMANT & ADDRESS: Hosp., records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330x

Immediate cause (a) Sub-Arachnoid Hemorrhage

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ruptured Inter Cranial

DUE TO

(c) Aneurysm

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1954 to 2-26, 1954, that I last saw the deceased alive on 2-26, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE A. Kentz Leg. (Degree or title) ADDRESS Hyattsville Md DATE SIGNED 2-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/8/54

NAME OF CEMETERY OR CREMATORY: Ceder Hill Cemetery

LOCATION (City, town, or county) (State): Suitland Maryland

DATE REC'D BY LOCAL REGISTRAR: 2/28/54

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's Sons

ADDRESS: Hyattsville, Maryland

RECEIVED

1954

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Glenarden; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Lincoln Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Glenarden; STREET ADDRESS (If rural, give location) 112 Lincoln Ave

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) G. (Last) Marshall

4. DATE OF DEATH (Month) (Day) (Year) 2 - 16 - 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
86	Colored	Widowed	1-20-65	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James America

14. MOTHER'S MAIDEN NAME: Maria ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rosa P. Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

903.0

Immediate cause (a) Broncho pneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Exhaustion — DUE TO

(c) Fractured hip (left)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home

21c. (City or town) Glenarden (County) Pr. Geo. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2-3-54-2-30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell at home while walking.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 2-16-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 2-20-54

NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cemetery

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 2-16-54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Carrie F. Campbell

ADDRESS Chandler Funeral Home 524 8th St. N.E. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

3 24 1954
BUREAU V. S.

1815

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier
LENGTH OF STAY (in this place) 5 Years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4100 - 29th St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Rainier, Md.
STREET ADDRESS (If rural give location) 4100 - 29th St.

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) MARTIN

4. DATE OF DEATH: (Month) FEB. (Day) 20 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: OCT 18 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTO., MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AUGUST LINK
14. MOTHER'S MAIDEN NAME: MARIE SANDUSKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: NORMAN MARTIN 3407 UPSHUR, BRENTWOOD, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GEN. CARCINOMASIS — Interval Between Onset And Death: 3 MONTHS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CARCINOMA OF CERVIX — 5 YEARS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: DEC 1948
19b. MAJOR FINDINGS OF OPERATION CARCINOMA CERVIX
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 1, 1948, to FEB. 20, 1954, that I last saw the deceased alive on FEB 20, 195 , and that death occurred at 8:50 P.M. from the causes and on the date stated above.

SIGNATURE Duncan J N Sugar (Degree or title) MD ADDRESS 4200 Kaywood Dr MT Rainier Md DATE SIGNED 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/23/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Colmar Manor, Pr. George's Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Feb 23 1954
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB
BUREAU V. S

1842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3 5 1 5 5

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md. RURAL LENGTH OF STAY (in this place) 10 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Croome, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) (Last) McCarthy

4. DATE OF DEATH: (Month) Feb. (Day) 4 (Year) 1954

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Feb. 22 1927
9. AGE last birthday: 26 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvester Hamilton
14. MOTHER'S MAIDEN NAME: Henrietta Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records Cheverly, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3
Immediate cause (a) Peripheral Vascular Decompensation — Interval Between Onset And Death 8-10 hrs.
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart Disease of undetermined — several
DUE TO
(c) etiology — Mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4, 1954, to 2-4, 1954, that I last saw the deceased alive on 2-4, 1954, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE Samuel J. Hugar (Degree or title) MD ADDRESS 4300 Kaywood Dr. Mt Rainier Md DATE SIGNED 2/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5 Feb 54
NAME OF CEMETERY OR CREMATORY Rollins Funeral Home
LOCATION (City, town, or county) Wash., D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 2/5/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR M. K. Rollins ADDRESS 4339 Hunt Pl. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The street age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

FEB
BUREAU V. S.

1810

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 245

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 2013 Oglethorpe St.

3. NAME OF DECEASED: (Type or Print) (First) Kathaleen (Middle) Elaine (Last) McCombs
4. DATE OF DEATH (Month) Feb. (Day) 17 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 13 Nov 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 3 Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herbert W. McCombs
14. MOTHER'S MAIDEN NAME: Elaine Thurston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Father - Same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 924.0

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Smothering in bed clothing DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) West Hyattsville (County) P.G. (State) Md
21d. TIME OF INJURY (Month) 2 (Day) 17 (Year) 54 (Hour) A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Smothered in bed clothing

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John W. Maloney (Hyattsville, Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/19/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va.
DATE REC'D BY LOCAL REG. Feb 18, 1954
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

1820

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 58

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17 — MARYLAND LENGTH OF STAY (in this place) 2½ yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 704 Devonshire Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17 — STREET ADDRESS (If rural give location) 704 Devonshire Road

3. NAME OF DECEASED: (Type or Print) First: ELLEN (Middle) (Last) MEEHAN

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 30, 1865?

9. AGE last birthday: IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours, Min. — 88? yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael McShea

14. MOTHER'S MAIDEN NAME: Ellen Gallagher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NK — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nellie Theresa McCabe, 704 Devonshire Rd T.P. Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Artery Disease — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Generalized Arteriosclerosis + Senility — Unknown

DUE TO

(c) Coronary Occlusion; Renal Insufficiency — @ 36 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1953, to Feb., 1954, that I last saw the deceased alive on Feb 15, 1954, and that death occurred at 8:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Bernard A Fitzgerald, MD — ADDRESS 9620 Old Bladensburg Rd. — DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Permit — DATE THEREOF Feb. 20, 1954 — NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery — LOCATION (City, town, or county) Brooklyn — (State) New York

DATE REC'D BY LOCAL REGISTRAR Feb 18 1954 — REGISTRAR'S SIGNATURE James Sevens

24. FUNERAL DIRECTOR — ADDRESS J. Arthur Walters, 254 Carroll St. NW Takoma Park. D.C.

VS. A15

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1843

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(1854) Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Heights, Md
STREET ADDRESS (If rural, give location) 4810 Central Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Last) Messines

4. DATE OF DEATH: (Month) Feb. (Day) 22, (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-22-81

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Paul Borovoff

14. MOTHER'S MAIDEN NAME: Pauline M—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clara H. Gomes 4810 - Central ave., P.G.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
443X Immediate cause	(a) Multiple Coronary Infarcts	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congestive Heart Failure	2 wks
	DUE TO (c) Hypertensive Heart Disease	?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Massive Intestinal Hemorrhage {CAUSE Undetermined	12 days

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Feb 9, 19 54, to Feb 22, 19 54, that I last saw the deceased alive on Feb 21, 19 54, and that death occurred at 3 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Stephen S. Muller M.D — Hot Springs Md — Feb 23 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Feb 25, 1954 — **NAME OF CEMETERY OR CREMATORY** Wash. National — **LOCATION** (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REGISTRAR 2/23/54 — **REGISTRAR'S SIGNATURE** Amanda Downey

24. FUNERAL DIRECTOR J. Nimtz Sons Co. Wash. D.C. — **ADDRESS**

VS. A15

FEB
BUREAU V. S.

1880

(1560)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts. | LENGTH OF STAY (in this place) 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1008-60th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 1008-60th Ave

3. NAME OF DECEASED: (First) Ella (Middle) (Last) Miles

4. DATE OF DEATH (Month) (Day) (Year) 2 - 3 - 1954

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid. | 8. DATE OF BIRTH: 6/4/1889 | 9. AGE last birthday: 64 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Butler | 14. MOTHER'S MAIDEN NAME: unknown Mary Barber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT & ADDRESS: Son-1124 Oates St. N.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 420.1 (a) Pulmonary thrombosis DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary thrombosis DUE TO (c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

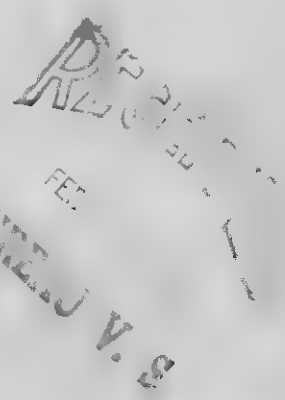
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D Malarkey (Hyattsville) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2-10-54 | NAME OF CEMETERY OR CREMATORY Lincoln Memorial Cemetery | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 2-6-54 | REGISTRAR'S SIGNATURE Amanda Journey & Carrie F. Campbell | 24. FUNERAL DIRECTOR M. K. Rollins | ADDRESS 4339 Hunt Pl. N.C. Wash., D.C.



1844

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greenbelt
STREET ADDRESS (If rural give location) 40 - Southway

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) (Last) Miner

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 18 1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hosp Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Hypoglycemic Shock — Interval Between Onset And Death 1½ days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Unknown amount Insulin

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1954, to 2/16, 1954, that I last saw the deceased alive on 2/16, 1954, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

SIGNATURE William M. Eisner (Degree or title) M.D. ADDRESS 30 B. Ridge Rd. Greenbelt Md. DATE SIGNED 2/16/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb 19-1954
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Feb 16 1954
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Martin W Hyong Co. ADDRESS 1300 N S C NW Washington DC

BUREAU V. S.

1845 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 6 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights; STREET ADDRESS (If rural give location) 404-61st Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) William (Last) Moreland. Sr

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (M)

8. DATE OF BIRTH: May 20, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Taxi Driver.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Augusta Fowler.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: Harry W. Moreland, Jr. 2211 Wyngate Rd Suitland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 157X (a) Metastatic Carcinomatosis — Interval Between Onset And Death: 1 Year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of Pancreas — 1 year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1954, to Feb 14, 1954, that I last saw the deceased alive on Feb 14, 1954, and that death occurred at 1.45 a.m., from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller M.D. (Degree or title) ADDRESS Mt. Rainier DATE SIGNED Feb 14 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 2/17/54; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) Suitland, Md.

DATE RECD BY LOCAL REGISTRAR 2/15/54; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR, ADDRESS W.W. Chambers Co., Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and (give nearest town) Lanham Md. LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4613 Edmonston Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Rosedale

4. DATE OF DEATH: (Month) Feb. (Day) 25, (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 4, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Bag Shop

10b. KIND OF BUSINESS OR INDUSTRY: Govt.

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Acute Cerebral Accident — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chronic Nephritis & Uremia

DUE TO (c) Generalized Arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1954, to 2-25, 1954, that I last saw the deceased alive on 2-24, 1954, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE A. Deatz (Degree or title) M.D. ADDRESS Hyattsville Med. DATE SIGNED 2-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2/27/54 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 2/25/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. H. McLee & Sons Co. ADDRESS 300-11-St. N.E. Wash. D.C.

VS. A15

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BUREAU V. S

1847

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly - 31 | LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) Paul (Last) Murphy -

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1954

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9 Feb 1954

9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months | Days 18 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gerald F. Murphy

14. MOTHER'S MAIDEN NAME: Carol Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.5
Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial Pneumonia DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1954, to 2/27, 1954, that I last saw the deceased alive on 2/27, 1954, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Pickrin MD ADDRESS 5301 Hamilton St. Hyattsville, Md DATE SIGNED 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF 3/1/54

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 2/24/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Talley's Funeral Home ADDRESS 3200 - R.I. Ave. Mt. Rainier, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Defense Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, Rural
STREET ADDRESS (If rural, give location) Defense Highway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Phillip Francis Nalley

4. DATE OF DEATH (Month) (Day) (Year) Feb 9 1957

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 15 1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Small Farm
11. BIRTHPLACE (State or foreign country) Pr George Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phillip F. Nalley
14. MOTHER'S MAIDEN NAME Ruth Anne Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr Gabriel Nalley, Bowie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
481X Immediate cause	(a) Acute myocarditis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Feb 9, 1957, that I last saw the deceased alive on Feb 9, 1957, and that death occurred at 8:00 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert S. McCurney M.D. ADDRESS 402 Main St Laurel Md DATE SIGNED 2/9/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/12/54
NAME OF CEMETERY OR CREMATORY White Marsh Cemetery
LOCATION (City, town, or county) (State) Bowie Md

DATE REC'D BY LOCAL REG. 2/10/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons. Hyattsville Md ADDRESS

2/13/54 Agnes M. Yingling

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~105~~ 245

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - DANVILLE, MD.
LENGTH OF STAY (in this place) LIFETIME.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL - DANVILLE MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - DANVILLE MD.
STREET ADDRESS (If rural give location) RURAL - DANVILLE MD.

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) ALLISON (Last) NEALE

4. DATE OF DEATH: (Month) FEB. (Day) 25 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT. 17, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country). PRINCE GEORGES Co., MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown NEALE.
14. MOTHER'S MAIDEN NAME: Rose Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 mo X

Immediate cause (a) ACUTE PNEUMONIA — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) ACUTE TRACHEO BRONCHITIS — 4 days

DUE TO (c) INANITION — 6 MO

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED ~~While at Work ☐~~ ~~Not While At Work ☐~~
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from DEC. 19, 1953, to FEB. 25, 1954, that I last saw the deceased alive on JAN. 3, 1954, and that death occurred at 7:50 PM, from the causes and on the date stated above.

SIGNATURE Vahek M. Seron (Degree or title) MD ADDRESS Aquasco, Md. DATE SIGNED Feb 25, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-28-54
NAME OF CEMETERY OR CREMATORY Asbury M E.
LOCATION (City, town, or county) (State) Brandywine Md

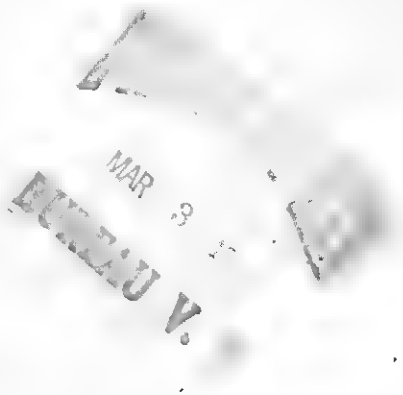
DATE REC'D BY LOCAL REGISTRAR 2-27-54
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

3-3-54 James Severe - em

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7309 Higgs Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 1410 Langley Way.

3. NAME OF DECEASED: (Type or Print) (First) KENNETH (Middle) EDWARD (Last) MURRAY

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: October 25, 1953
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 3 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Takoma Park, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Murray
14. MOTHER'S MAIDEN NAME: Madeline T. Rohmer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: James E. Murray, 1410 Langley Way, Hyatts Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501 X
Immediate cause (a) Laryngo Tracheo bronchitis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sudden death from aspiration
DUE TO
(c)

Interval Between Onset And Death 4 Days.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 25, 1953, to 2-20, 1954, that I last saw the deceased alive on 2-19, 1954, and that death occurred at 9 30 am from the causes and on the date stated above.

SIGNATURE Kenneth Laughlin (Degree or title) DWD ADDRESS 934 Ellsworth Dr. DATE SIGNED 2-20-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF February 22, 1954
NAME OF CEMETERY OR CREMATORY St. Marys Catholic Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR Feby 20 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local.
24. FUNERAL DIRECTOR Arthur Walters, ADDRESS 254 Carroll St. NW. D.C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) approx 10 mid
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
STREET ADDRESS (If rural give location) 5711 - Forest Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) (Last) Nelson
4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1884 June 18 854
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Sup.
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service Comm.
11. BIRTHPLACE (State or foreign country): Brooklyn New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Sander Nelson
14. MOTHER'S MAIDEN NAME: Marie Guldbrandson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Brother Frank A Nelson 4125 King Hgby. Brooklyn, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) uremia — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) chronic Glomerular Nephritis — 6 Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — 6 Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐, No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 26, 1954, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 9:45 AM from the causes and on the date stated above.

SIGNATURE Samuel J Nisegar (Degree or title) MD ADDRESS 4300 Kaywood Dr. Mt Rainier Md DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/3/54
NAME OF CEMETERY OR CREMATORY George Wash Cem.
LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/26/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

1883

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Beltsville
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baker's Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): College Park Maryland
STREET ADDRESS (If rural, give location): 4813 Guilford Road,.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Elisabeth O. H. Nowland
4. DATE OF DEATH (Month) (Day) (Year): Feb 23, 1954.- 19

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 12, 1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel A Hansell
14. MOTHER'S MAIDEN NAME: Anna M. Owens.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Benoni Nowland College Park Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1954, to Feb. , 1954, that I last saw the deceased alive on Feb. 22, 1954, and that death occurred at 10:40 am., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M. D.
ADDRESS: WOLCOTT ... 4813 LEWYN ROAD COLLEGE PARK MD.
DATE SIGNED: Feb. , 19..

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE: Feb 27, 1954.
NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State): Principio Methodist Cemetery Principio Maryland.

DATE REC'D BY LOCAL REG.: February 25 1954
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: F. Gasch's Sons
ADDRESS: Hyattsville Maryland.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Pr Geo MARYLAND
CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN Rural-Upper Marlboro
LENGTH OF STAY (in this place) 4 ~~XXXX~~ Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's
CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN RURAL-Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) ~~Kane~~ King (Last) Oliver

4. DATE OF DEATH (Month) Feb (Day) 3 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1867
9. AGE last birthday Approx86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Asbury Oliver Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X Immediate cause	(a) Cardiac Decompensation	8 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CVR Disease	Unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to 3 Feb, 1954, that I last saw the deceased alive on 3 Feb, 1954, and that death occurred at 9.00 P m., from the causes and on the date stated above.

SIGNATURE R B Tasscer (Degree or title) M D ADDRESS Upper Marlboro, Md. DATE SIGNED Feb 3. 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/6/54
NAME OF CEMETERY OR CREMATORY Immanuel Methodist
LOCATION (City, town, or county) Horsehead, (State) Md.

DATE REC'D BY LOCAL REG. Feb. 5, 1954
REGISTRAR'S SIGNATURE John F. Danner.
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5604 - 16th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Elean (Last) Padgett

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 15, 1909

9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Cool, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Vogan

14. MOTHER'S MAIDEN NAME: Levina - Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: 5604 - 16th Ave
Mrs. John Henry Padgett Hyattsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170X
Immediate cause (a) Metastatic Ca to liver, Jaundice & Lymphadenopathy — Interval Between Onset And Death: 2-3 mo.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Adenoca of left breast — 2 yrs
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-7-53

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma left breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1954, to 2-2, 1954 that I last saw the deceased alive on 2-2, 1954 and that death occurred at 3 PM, 2-2-53, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Wilkinson MD — ADDRESS Riverdale Md — DATE SIGNED 2-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb 5/1954 — NAME OF CEMETERY OR CREMATORY Wash. Natl Cemetery — LOCATION (City, town, or county) (State) Suitland Rd - Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Feb 4 1954 James Devey

24. FUNERAL DIRECTOR — ADDRESS
W. W. Chambers Co
5801 Cleveland Ave Riverdale Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2065

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5701 39th Ave N

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5701 39th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) (Last) Parsons

4. DATE OF DEATH: (Month) Feb (Day) 27 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug 9th 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Grimm
14. MOTHER'S MAIDEN NAME: Elizabeth Rittler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Josephine P. Murray daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 334X (a) Cerebral Arteriosclerosis — Interval Between Onset And Death: 2 mos.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — 5 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo Arthritis generalized

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Feb 27, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 3.15 PM, from the causes and on the date stated above.

SIGNATURE Norman Wood Crimson (Degree or title) M.D. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 2/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 2, 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 27 1954
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR J. Wm Lee & Son Co.
ADDRESS Wash. D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 4, X
STREET ADDRESS (If rural give location) 2102 Ward Pl., N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) J (Last) PAYNE

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced
8. DATE OF BIRTH: 4/30/89
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cabinet repair
10b. KIND OF BUSINESS OR INDUSTRY: Goodwill Indust.
11. BIRTHPLACE (State or foreign country): Virginia (Fauquier Co.)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. Payne
14. MOTHER'S MAIDEN NAME: Sally Luch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 225-05-?
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 521X (a) Broncho pneumonia, bilateral — Interval Between Onset And Death 1 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c) Chronic Lung Abscesses — 2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1954, to 2/21, 1954, that I last saw the deceased alive on 2/20, 1954, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Pinneane M.D.
ADDRESS Glenn Dale Hospital Glenn Dale, Md.
DATE SIGNED 2/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 2/24/54
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Prince Georges (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE Mol Wern
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 1400 Chapin Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 15 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4 Ward
STREET ADDRESS (If rural give location) 1649 - Trinidad Ave. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Petro
4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1954
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11 Feb 54
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Micheal Petro
14. MOTHER'S MAIDEN NAME: Jacqueline Oliff
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5

Immediate cause (a) atelectasis - immaturity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature separation of placenta

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1954, to 2/11, 1954 that I last saw the deceased alive on 2/11, 1954, and that death occurred at 10 52 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) George Hagcage M.D. ADDRESS 3711-38th Ave Cottage Hill DATE SIGNED 2/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 2/15/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)
DATE REC'D BY LOCAL REGISTRAR 2/17/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn
ADDRESS Jr Supt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4616 Queensbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4616 Queensbury Road

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) HINTON (Last) PRESLEY

4. DATE OF DEATH: (Month) (Day) (Year) February 5th 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 3rd, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY: Byron S. Adams Printing Co.

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Axel Presley

14. MOTHER'S MAIDEN NAME: Martha Silvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: 577-07-9577

17. INFORMANT & ADDRESS: Mary Coralie Presley, 4616 Queensbury Riverdale, Md. Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

150X
Immediate cause (a) Metastasis of Mediastinum

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of lower 1/3 oesophagus

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11-4-53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1953, to 2-5, 1954, that I last saw the deceased alive on 2-5, 1954, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Geo. Waggaman M.D. 320-3 Bond Bldg Wash. D.C. 2/5/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Feb. 8/1954

NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cem.

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. Feb 6, 1954

REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Company, Riverdale, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 221

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
STREET ADDRESS (If rural, give location) Glenarden Parkway

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Robert (Last) Proctor, Jr.

4. DATE OF DEATH (Month) (Day) (Year) 2-9-1954

5. SEX: M.
6. COLOR OR RACE: Color
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-5-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Robert Proctor, Sr.
14. MOTHER'S MAIDEN NAME: Mary M. Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 9240

Immediate cause (a) Asphyxia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Suffocation DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
21c. (City or town) Glenarden (County) Pr. Geo. (State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-9-54 A. M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Suffocated [illegible] with [illegible] mister

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville, Md.) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-9-54

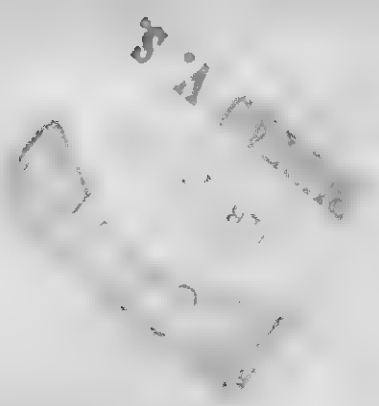
23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF 2-9-54
NAME OF CEMETERY OR CREMATORY 901-3rd St NW
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 2/9/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T. Akines ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53



Film#G161 Item# 5,6,7,8 2/18/54 emf

1886

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural)
LENGTH OF STAY (in this place) 3 yrs. 8 mo's 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 617 - 7'th St., S.W.

3. NAME OF DECEASED: (Type or Print) (First) Phyllis (Middle) (Last) PROSISE

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 11-17-32
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Dime Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawrence Prosise
14. MOTHER'S MAIDEN NAME: Gertrude Ingram

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY No.: 578-40-5447
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
CO 2,X
Immediate cause (a) Pulmonary tuberculosis
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1951, to 2/4, 1954, that I last saw the deceased alive on 2/4, 1954, and that death occurred at 2 50 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Pinecane M.D.
ADDRESS Glenn Dale Hospital, Glenn Dale, Md.
DATE SIGNED 2/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/9/54
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REGISTRAR 2/5/54
REGISTRAR'S SIGNATURE Alol Weiss
24. FUNERAL DIRECTOR S H Hines ADDRESS 2901 14th N W Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1934
BUREAU V

1887

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8325 Allentown Road.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY P. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendly
STREET ADDRESS (If rural give location) 8325 ALLENTOWN ROAD

3. NAME OF DECEASED: (Type or Print) (First) OLIVIA (Middle) H. (Last) BALDWIN ROACH

4. DATE OF DEATH: (Month) February (Day) 11, (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 7, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MADISON HEIGHTS VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: FRANKLIN D. TAYLOR

14. MOTHER'S MAIDEN NAME: THAXTON

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NONE (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: OLLIE D. DODSON, SON 8325 ALLENTOWN RD FRIENDLY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cancer of the Uterus with widespread

DUE TO

(c) metastases

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1954, to 2/11, 1954, that I last saw the deceased alive on 2/11, 1954, and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE David Lenardugo (Degree or title) M.D. ADDRESS 2901 Fairlawn St. Hillcrest Heights, Md DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF Feb 15, 1954 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery LOCATION (City, town, or county) Lynchburg, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 2-13-54 REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS 517 11th St. S.E. D.C.

FEB
BUREAU V. S.

1888

M

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; STREET ADDRESS (If rural, give location) 5409--Pumphrey Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GROVER	C.	ROBEY	Feb.	17	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	April 15, 1885	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Robey

14. MOTHER'S MAIDEN NAME: Sarah Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Grover C. Robey-Son 5407--Pumphrey Dr. Forestville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
334X Immediate cause (a) Cerebral Arterio sclerosis advanced	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis	unknown
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Vascular Hard disease	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Natural	Prince George			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from Dec 26 1953 to Feb 17, 1954, that I last saw the deceased alive on Feb 16, 1954, and that death occurred at 5:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arnold Van Natta		Washington 28 DC	Feb 17 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 19, 1954	Cedar Hill Cemetery	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-17-54	Edna F. Gillis	Simmons Bros.	2007 Nichols Ave S.E. Washington DC

FEB

1889

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Suitland
STREET ADDRESS (If rural give location) 3111 Parkway Terr. Drive

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) EMELIUS (Last) ROSSMAN

4. DATE OF DEATH: (Month) February (Day) 2nd (Year) 1954

5. SEX: M.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH: 2/24/88
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Fireman
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Fuba Box Co
11. BIRTHPLACE (State or foreign country): Venango Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles S. Rossman
14. MOTHER'S MAIDEN NAME: Emily Feicht

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: 210-03-7952
17. INFORMANT & ADDRESS: Mola Rossman 3111 Parkway Terr. Dr. S.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 744.1 (a) Respiratory failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Progressive muscular dystrophy
DUE TO
(c)

Interval Between Onset And Death: 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 11th 1951
19b. MAJOR FINDINGS OF OPERATION: Exploratory Laminectomy (Cervical)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1952, to Febr. 2nd, 1954, that I last saw the deceased alive on October, 1953, and that death occurred at 8.45 a.m., from the causes and on the date stated above.

SIGNATURE L. L. Tauber (Degree or title) M.D. ADDRESS 1503 Good Hope Rd. S.E. DATE SIGNED 2.2.54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/3/54
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Knox Pa
DATE REC'D BY LOCAL REGISTRAR Feb 2, 1954
REGISTRAR'S SIGNATURE Carrie Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517 11th St S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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1853

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly LENGTH OF STAY (In this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 1722-18th Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) Paxey (Middle) Rosella (Last) Rudd

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: June 27, 1881 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Crawford | 14. MOTHER'S MAIDEN NAME: Rosella Stump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT'S ADDRESS: Russell B. Rudd 1722 18th St. S.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0 Immediate cause (a) Acute Coronary Occlusion — 31 Hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Arterio Sclerotic Heart disease — 8 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Coronary 1952

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: N | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5 to Feb. 13, 19 54, that I last saw the deceased alive on Feb. 13, 19 54, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE Sidney W. Downey (Degree or title) M.D. ADDRESS 7601-Gateway Blvd District Heights DATE SIGNED 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/17/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Hyattsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 2/18/54 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 517 11th St SE

RECEIVED
FEB 17
BUREAU V.

1890

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 823 - 5'th St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) CARRIE (Last) SALVINI — ALSO KNOWN AS SOLVENA'S
4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1/16/95
9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): W. Moreland Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Garner
14. MOTHER'S MAIDEN NAME: Susan Franklin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) MULTIPLE PULMONARY EMBOLI — Interval Between Onset And Death: 5 DAYS
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) CIRRHOSIS OF LIVER — UNKNOWN
DUE TO
(c)

581.2
002X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS — 3 MONTHS

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18 ..., 1954, to 2/9 ..., 1954, that I last saw the deceased alive on 2/9 ..., 1954, and that death occurred at 11 50 P.M., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pinucane (Degree or title) M.D. — ADDRESS Glenn Dale Hospital, Glenn Dale, Md. — DATE SIGNED 2/9/54

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE THEREOF 2-B-54 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery 2/13/54 — LOCATION (City, town, or county) Suitland, P. Geo. (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 2/10/54 — REGISTRAR'S SIGNATURE Alice Ward — 24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS 1400 Chapin St. N.W.

VS. A15

RECEIVED
FEB 16 1954
BUREAU V. S.

1891

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 230

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roosevelt Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Roosevelt Avenue.

3. NAME OF DECEASED: (Type or Print) (First) Jarvis (Middle) Edward (Last) Saner

4. DATE OF DEATH (Month) Feb. (Day) 2, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-24-1923
9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Electric Freezers
11. BIRTHPLACE (State or foreign country): Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME: George William Saner.
14. MOTHER'S MAIDEN NAME: Gladys Jarvis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442 X

Immediate cause (a) Acute congestive heart failure

DUE TO

Antecedent cause(s) (b) Cardiovascular renal disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Partial pneumonectomy (Rt)

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 2-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/5/54
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 2-4-54
REGISTRAR'S SIGNATURE Amanda Tourney
24. FUNERAL DIRECTOR F. Gescha sons ADDRESS Hyattsville Md

2-6-54 John D Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1813

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 245

1. PLACE OF DEATH:
COUNTY F. G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2101 Fulton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hyattsville Md.
STREET ADDRESS (If rural, give location) 2101 Fulton Ave

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Ellen (Last) Sullivan

4. DATE OF DEATH (Month) 7 (Day) 6 (Year) 1954

5. SEX: F **6. COLOR OR RACE:** W **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow **8. DATE OF BIRTH:** 6 Jul 1887 **9. AGE last birthday:** 67 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** **11. BIRTHPLACE** (State or foreign country): New York **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Zebrowski **14. MOTHER'S MAIDEN NAME:** Bertha Voit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY No.:** None **17. INFORMANT & ADDRESS:** Mrs. Margaret Hall 734 Monroe St NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic valvular heart disease
DUE TO
(c) Endocarditis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville Md) M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-19-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF 2/20/54 | NAME OF CEMETERY OR CREMATORY Buffalo | LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. Feb 20 1954 | REGISTRAR'S SIGNATURE James Dercy | **24. FUNERAL DIRECTOR** F Brooks Sons | ADDRESS Hyattsville Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1892

55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bronningside
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suitland Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1908 L Street S.E. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
James Dewey Sellner	February 7 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	Feb. 5, 1924	30 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	U. S. Park	Washington, D.C.	U. S A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Dewey Sellner	Clive Virginia Goldsborough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	W.W.II		Clive V. Sellner 3324 Brothers Place S.E, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
823X Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Crushed skull	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Road	21c. (City or town) (County) (State) Bronningside P. G. Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
2 7 54 2:30 A.M.		and turned over Driver of a car that ran off road/

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James A. Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2/11/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-10-1954	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-8-54	Carrie Campbell	W. W. Chambers Co.	517 11th St. S.E. D.C.

VS. A15A - 5 - 53

Item 14 film G 162 5/31/54 cm

1854

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 289

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 41
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel High School.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 939 - Park Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) Francis (Last) Soblestkie Sr.

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 1-18-02 | 9. AGE last birthday: 52 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Custodian | 10b. KIND OF BUSINESS OR INDUSTRY: Public School | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Soblestkie | 14. MOTHER'S MAIDEN NAME: Anna Senesky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 182-01-1221
17. INFORMANT & ADDRESS: Anthony Soblestkie Jr., 425 Prince Georges St. Laurel. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY | 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John J. Maloney (Hyattsville, Md) M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ | DATE SIGNED 2-4-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Feb. 8 1954 | NAME OF CEMETERY OR CREMATORY St. Richards Cemetery | LOCATION (City, town, or county) (State) Forest Lawn Maryland

DATE REC'D BY LOCAL REG. FEB 5 - 1954 | REGISTRAR'S SIGNATURE M. Bradshaw | 24. FUNERAL DIRECTOR | ADDRESS De Witt Donaldson Laurel Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1893

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accoheek
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 210

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Indian Head
STREET ADDRESS (If rural, give location) 11 Hayner

3. NAME OF DECEASED: (Type or Print) (First) Cleveland (Middle) E.L. (Last) Stevens
4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1954
5. SEX: Male
6. COLOR OR [redacted] White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct 28, 1918
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Sheriff Tobacco
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Grover C Stevens
14. MOTHER'S MAIDEN NAME: Bertha Paschall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Stanley Field same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812X
Immediate cause (a) Hemorrhage and shock
DUE TO
Antecedent cause(s) (b) Fracture of base of skull
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of left tibia and fibula

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 210
21c. (City or town) Accoheek (County) P.G. (State) Md
21d. TIME OF INJURY (Month) 2 (Day) 5 (Year) 54 (Hour) 6 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Ford M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 2-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 2/9/54
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington (State) Va
DATE REC'D BY LOCAL REG. 2-8-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md. ADDRESS

2/9-54 Howard & Beall.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
FEB 10 1954
V. S.

1894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Geo MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland, Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) B. (Last) STEWART

4. DATE OF DEATH (Month) FEB (Day) 16 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles B Stewart
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Alberta Stewart Lakeland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Acute Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignancy of Stomach

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to Feby, 1954, that I last saw the deceased alive on Feby 16, 1954, and that death occurred at 2 45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. L. Etienne M.D. College Park, Md 2/16/54

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 2-19-54
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Feb. 18-54
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Henry S. Washington ADDRESS 467 N St. N.W. Wash. D.C.

FEB 21 1
U. S.

1855

Film#G162 Item# 7 3/8/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Geo. Co.

City or town [illegible]
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1½ [illegible]

Hospital, institution, or street address where death occurred: Prince Geo. Co. Gen. Hospital

How long in hospital or institution? 1½ [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

Street No. Hill Pl.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Helen Dorothy Stewart

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: James Stewart

6.(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1912

8. AGE: Years 41 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace Pr. Geo. Co. Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Private Home

MOTHER FATHER

12. Name [illegible]

13. Birthplace Pr. Geo. Co. Md.

14. Maiden name Mary [illegible]

15. Birthplace Pr. Geo. Co. Md.

16. Informant James Stewart, [illegible]

Address Seat Pleasant Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2.18.54 (month) (day) (year)

Cemetery or crematory Woodmoor Cemetery

Location Woodmoor Md.

18. Funeral director Robert G. McGuire

Address 1820 9th St. N.W. Wash. D.C.

19. 2/15 19 54 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 1954 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11, 1953, to Feb. 14 1954 and that I last saw her alive on Feb. 14 1954

Immediate cause of death: Cerebral Hemorrhage — DURATION 2 days

Due to Hypertension — 1 yr.

Due to 331 X

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address [illegible] Date signed 2-14-54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

BUREAU

1895

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Elsie Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) (Last) Sweeney

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 23rd 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Collington Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Allison Kidwell
14. MOTHER'S MAIDEN NAME: Mary Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Elsie Day Accokeek Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

		Interval Between Onset and Death
Immediate cause	(a) Virus Pneumonitis	6 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Chronic Myocarditis	2 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 2/21, 1954, that I last saw the deceased alive on 2/17, 1954, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frank A Dixon L.D. ADDRESS Indian Head, Md DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Feb 23-1954
NAME OF CEMETERY OR CREMATORY Epiphany Cemetery
LOCATION (City, town, or county) (State) Forestville Md
DATE REC'D BY LOCAL REG. Feb 21-54
REGISTRAR'S SIGNATURE Howard J Beall
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 2007 Nichols Ave S.E.

RECEIVED
FEB
BUREAU V. S.

Item 18 Film G161 3-3-54 ams

1821

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7920 Longbranch Pkwy

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park, Md.
STREET ADDRESS (If rural give location): 7920 Longbranch Pkwy

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) SWEITZER

4. DATE OF DEATH: (Month) FEB (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: MARCH 14, 1882

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: HOTEL SUPPLY

11. BIRTHPLACE (State or foreign country): STEWARTSTOWN, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AMOS SWEITZER

14. MOTHER'S MAIDEN NAME: LENA RHEMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-12-6287

17. INFORMANT & ADDRESS: Wife Mrs. Sweitzer 7920 Longbranch Pkwy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis, primaty site unknown — Interval Between Onset And Death: 1.5 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Congestive heart failure — 6 mo

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. ..., 1952 to 2/12 ..., 1954, that I last saw the deceased alive on 2/12, 1954, and that death occurred at 6:00 am, from the causes and on the date stated above.

SIGNATURE (Degree or title): A. F. Thibadeau, M.D. — ADDRESS: 10111 Colesville Rd Silver Spring Md — DATE SIGNED: 2/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 2-15-54 — NAME OF CEMETERY OR CREMATORY: Stewartstown — LOCATION (City, town, or county) (State): Stewartstown, York Co. Pa.

DATE REC'D BY LOCAL REGISTRAR: Feb 13, 1954 — REGISTRAR'S SIGNATURE: James Sevey

24. FUNERAL DIRECTOR Kenneth W Graham — ADDRESS: Stewartstown

RECEIVED
FEB 17 1954
BUREAU V. S.

1856

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheltenly, md
LENGTH OF STAY (in this place) 34 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georg General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Croome, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Packard (Last) Tayman

4. DATE OF DEATH: (Month) Feb (Day) 5th (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 9/28/87

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-Employed.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Grafton P. Tayman Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Thrombosis	10 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Bilatural Emphysema	6 months
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 15 yrs

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953 to Feb 4, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James E. Janeen M.D. — Upper Marlboro, Md — 2-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 2/8/54

NAME OF CEMETERY OR CREMATORY St. Thomas Episcopal

LOCATION (City, town, or county) (State) Croom, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/9/54

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

FEB 11 1954
BUREAU V. S.

1896

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Mark the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges, MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Dillon Park, Maryland
LENGTH OF STAY (In this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3207 "G" St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Friendly
STREET ADDRESS (If rural give location) 7970 Old Fort Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Chester (Last) THOMAS

4. DATE OF DEATH: (Month) February (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: December 15, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Pittsburg, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S. of A.

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Harriet Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 577 16 1044

17. INFORMANT & ADDRESS: William C. Thomas 8515 Allentown Road, Friendly, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Uremia & Congestive Heart Failure	4 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Hypertensive Cardiovascular Disease	5 years.
DUE TO	(c) Arteriosclerosis, generalized	20 ± years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — — — —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION — — — —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 22, 1954, to Feb. 22, 1954, that I last saw the deceased alive on Feb. 22, 1954, and that death occurred at 11 18 PM Feb 22/1954, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walcott W. Libaon, M.D. ADDRESS 2412 Minnesota Avenue, S.E. Washington 20, D.C. DATE SIGNED Feb. 23, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb 25 1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb-22 1954 | REGISTRAR'S SIGNATURE Carrie Campbell

24. FUNERAL DIRECTOR J.W. Lee Son Co. ADDRESS 300-4th St. N.W. Washington D.C.

FEB 26 19[illegible]
BUREAU V. S.

1857

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Pr Georges Co

City or town: Capitol Heights (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 Yrs

Hospital, institution, or street address where death occurred: 408 - 49th Ave

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr Geos Co

City or town: Capitol Heights Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.: 408 - 49th Ave (If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Florence Jane Tucker

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband ~~or wife~~: George Tucker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 17 1856

8. AGE: Years 97 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Forestville Pr Geos Co Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Joseph Fowler

13. Birthplace: Maryland.

14. Maiden name: Mary Brown

15. Birthplace: Maryland

16. Informant: Stella Elizabeth Hamilton

Address: 408 - 49th Ave Capitol Hgts Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 12, 1954 (month) (day) (year)

Cemetery or crematory: Methodist Cemetery

Location: Forrestville, Maryland

18. Funeral director: W.W. Chambers Co.

Address: 517 11th St. S.E. D.C

19. Feb 9, 1954 (Date rec'd by registrar) 19 ..... Carrie Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 9 1954 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1948 to Feb 9 1954 and that I last saw her alive on Feb 8 1954

Immediate cause of death	DURATION
Congestive Heart Failure	24 hrs
Due to arteriosclerotic Heart Disease	6 Yrs
Due to 420.0	

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: W. Suit Ritchie M.D. M. D. or other

Address: 2005 Ritchie Rd SE Wash 27 D.C. Date signed: 2/9/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45 15M

I

RECEIVED
FEB 17
BUREAU V. S

1858

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brandywine Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Watson

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1954

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 24, 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James F. Watson
14. MOTHER'S MAIDEN NAME: Edith A. Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Joseph Watson, Baden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 5x1.0 (a) Biliary Cirrhosis — Interval Between Onset And Death: 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to 13 Feb., 1954, that I last saw the deceased alive on 13 Feb., 1954, and that death occurred at 8 40 P.M. from the causes and on the date stated above.

SIGNATURE R. B. Sassoon (Degree or title) M.D. ADDRESS Upper Marlboro Md. DATE SIGNED 13 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 16, 1954
NAME OF CEMETERY OR CREMATORY Emanuel M.E.
LOCATION (City, town, or county) Baden, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2/16/54
REGISTRAR'S SIGNATURE M. L. Moore Amanda Downey
24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, ADDRESS Md.

RECEIVED
FEB 17 1954
BUREAU V

1897

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The accuracy of age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 1 yr. 5 mo's 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4
STREET ADDRESS (If rural give location) 920 Shepherd St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) (Last) WEISS

4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/20/72

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired ?

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: not known by pt.

14. MOTHER'S MAIDEN NAME: not known by pt.

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X
Immediate cause (a) CARCINOMA OF URINARY BLADDER — Interval Between Onset And Death: 3 yrs 3 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO

002X
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death, PULMONARY TUBERCULOSIS — 20 MONTHS

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1952, to 2-20, 1954, that I last saw the deceased alive on 2-20, 1954, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Lineane (Degree or title) M.D. ADDRESS Glenn Dale Hospital Glenn Dale, Md. DATE SIGNED 2/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/22/54
NAME OF CEMETERY OR CREMATORY Adas Israel
LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REGISTRAR 2/21/54
REGISTRAR'S SIGNATURE Mol Weiss

24. FUNERAL DIRECTOR S Danzansky ADDRESS Washington D.C.

VS. A15

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✓ 1859

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3/1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital 2.0

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Largo X
STREET ADDRESS (If rural give location) Central Ave.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) White

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 24, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roland White
14. MOTHER'S MAIDEN NAME: Alma Woodward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5
Immediate cause (a) Respiratory collapse
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on 2/25, 1954, and that death occurred at 4.10 A.M., from the causes and on the date stated above.

SIGNATURE Thomas A. Christman (Degree or title) ADDRESS College Park DATE SIGNED 2/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 3/10/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gallery
LOCATION (City, town, or county) Cheverly Md (State)
DATE REC'D BY LOCAL REGISTRAR 0/22/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Chas J W Penn Jr
ADDRESS Supt

2024247261

RECEIVED
MAR 26 1954
BUREAU V. S.

1860

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place) Cheverly, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Rainier, Md.
STREET ADDRESS (If rural give location) 3204 Shepard Street

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) A. (Last) Wright

4. DATE OF DEATH: (Month) Feb. (Day) 13 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/1/95
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Wash. Terminal
11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Wright
14. MOTHER'S MAIDEN NAME: Susana E. Pollard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Stella B. Wright 3204 Shepherd St., Mt Rainier, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

Immediate cause (a) Uremia - Renal Failure — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic pyelonephritis — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Feb, 1954, to 13 Feb, 1954 that I last saw the deceased alive on 13 Feb, 1954, and that death occurred at 1:10 PM, from the causes and on the date stated above.

SIGNATURE Leon L. Gallin MD (Degree or title) 3827-34th St ADDRESS Mt Rainier Md DATE SIGNED 13 Feb 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/19/54
NAME OF CEMETERY OR CREMATORY Union Cem.
LOCATION (City, town, or county) Leesburg, (State) Va

DATE REC'D BY LOCAL REGISTRAR Feb 16/19/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. Chambers Co., ADDRESS Riverdale, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01898

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Rainier 16
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4204 30th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Same COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same — 16
STREET ADDRESS (If rural give location) 4204 30th Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Groves (Last) Wright

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: July 9, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Bureau of U.S. Gov't Engraving

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kendall Edwards Groves

14. MOTHER'S MAIDEN NAME: Anna Coleman Smith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 0

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Emmett N. Wright 4204 30th St. Mt. Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma Lft breast

DUE TO & Metastasis to lungs & bones

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....

DUE TO

(c)

Interval Between Onset And Death: 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1952 19b. MAJOR FINDINGS OF OPERATION Carcinoma Lft breast —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1952 to Feb., 1954 that I last saw the deceased alive on 2-19, 1954 and that death occurred at 2-20-54 from the causes and on the date stated above.

SIGNATURE John F. Broumelwyer M.D. (Degree or title) ADDRESS DATE SIGNED 2-20-54

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Feb. 23, 1954 — NAME OF CEMETERY ~~OR CREMATORY~~ Fort Lincoln Cemetery — LOCATION (City, town, or county) (State) Prince George County, Md.

DATE REC'D BY LOCAL REGISTRAR Feby 20, 1954 — REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy Coroner

24. FUNERAL DIRECTOR ADDRESS W. W. Chambers Co. Riverdale, Md.

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MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.

1861

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01899

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY P. G. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Estates.
STREET ADDRESS (If rural give location) 6714 Fairwood Road.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Zientawski

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: March 26, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Napoleon sawicke

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records Cheverly Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.0 Immediate cause	(a)	Coronary occlusion	3 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Hypertensive arteriosclerotic heart disease	Unknown
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Feb. 1954, to 21 Feb. 1954 that I last saw the deceased alive on 21 Feb. 1954, and that death occurred at 5 00 P.M., from the causes and on the date stated above.

SIGNATURE John Kehoe (Degree or title) M.D. ADDRESS Cheverly Md. DATE SIGNED 21 Feb. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) transportation | DATE THEREOF 2/22/54 | NAME OF CEMETERY OR CREMATORY Buffalo | LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REGISTRAR 2/22/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Bucci & Son ADDRESS Hyattsville Md

VS. A15

RECEIVED
FEB 24 1954
BUREAU V. S.